

Politzer, in the discussion of this communication, called attention to the fact that such a proceeding favored the propagation of epidermis in the drum-cavity, which propagation, as is well known, might be regarded as a cause of cholesteatoma.

Dundas Grant stated, at the same time, that it is of the first importance to prevent moisture after this operation, and to have recourse to the insufflation of antiseptic powders.—Eleventh International Medical Congress, Rome, April, 1894. *Annales des Maladies de l'Oreille*, Tome xx.

SURGICAL INTERVENTION IN SEPTICO-PYÆMIA CONSECUTIVE TO OTITIS MEDIA SUPPURATIVA.

H. NIMIER contributes a good paper on general surgical treatment of sinus-thrombosis and resultant pyæmia. How many such cases would never occur if the ear had not been neglected originally! Had the patient been sent promptly to an aurist, who alone is capable of treating the acute disease, the necessity to call in the general surgeon would never have arisen.—*Annales des Maladies de l'Oreille*, Tome xx.

PERCUSSION OF THE MASTOID PROCESS IN A CASE OF PYÆMIA CONSECUTIVE TO AN ACUTE AFFECTION OF THAT PROCESS.

WILD advocates the percussion of the mastoid with a metallic hammer as a means of early diagnosis of caries of the temporal bone. Recently he observed a case of otitis media suppurativa in which the dull percussion sign was the only local symptom of osseous disease, which furthermore was complicated by the usual symptoms of pyæmia. Opening of the mastoid was followed by quick improvement and soon entire cure.

Moos thinks percussion of the mastoid has only a positive value. When dulness on percussion is absent we may not conclude there is no affection of the bone.—*Annales des Maladies de l'Oreille*, Tome xx.

USE OF THE CURETTE IN MASTOID OPERATIONS.

C. J. BLAKE, after opening the antrum by a trephine or enlarging an opening already present, uses curettes of various sizes for removing diseased tissues. He employs no sutures, but applies a dry dressing. The operation is preceded by a large incision in the membrana tympani.—Eleventh International Medical Congress, 1894. *Annales des Maladies de l'Oreille*, Tome xx., No. 5, p. 511.

ASSOCIATION OF HYSTERIA WITH LESIONS OF THE EAR.

GRADENIGO maintains that hysteria of the ear is frequent. In a hysterical subject a slight affection of the ear, either inflammatory or traumatic, causes local and general nervous phenomena disproportioned to the lesion. Most cases of otalgia in young women, when dental caries, sore-throat, and syphilis can be excluded, are due to hysteria. He cites cases of periodical hemorrhages from the ear and of hysterogenous zones of the ear. Also he states that hysterical subjects simulate deafness.—*Annales des Maladies de l'Oreille*, Tome xx., No. 5.

PATHOGENY OF OTITIS INTERNA.

GRADENIGO asserts that there are two forms of otitis interna: one due to the propagation of an otitis media catarrhalis, and the other to a primary disease in the internal ear, as syphilis, acquired or hereditary, parotitis, and influenza. But even in these cases there exist previously slight lesions in the middle ear, which explain the localization of the disease in the internal ear, and its gravity. Also catarrh of the nasopharynx will be found in addition to these lesions in the middle ear. Hereditary predisposition also plays an important part, so that this, with some old lesion in the ear, plus the acute or chronic infection, like influenza, diphtheria, acquired or inherited syphilis and tuberculosis, determines the occurrence of an otitis interna. The part played by syphilis is especially important, and a number of cases of supposed sclerosis are really lesions of attenuated and delayed hereditary syphilis.—*Annales des Maladies de l'Oreille*, Tome xx., No. 5.

LESIONS IN THE LABYRINTH IN A CASE OF LEUKÆMIC DEAFNESS.

WAGENHÄUSER gives an account of a woman, thirty-five years old, attacked with leukæmia in April, and six months later with total deafness, at the time of a profound infiltration in the right arm and thigh, apparently due to interstitial hemorrhages. No data as to vertigo or tinnitus. Sudden death eight months later.

Post-mortem examination revealed normal tympana; but in the internal ears, cochlea, vestibule, and semicircular canals, extensive and copious extravasation, with numerous round cells; these lesions most marked in the semicircular canals. The primary lesion in this case had been hemorrhage into both labyrinths, productive finally in the contiguous area of an inflammatory process resulting in new formations of connective tissue and bone.—*Annales des Maladies de l'Oreille*, Tome xx., No. 5.

DEAFNESS CONSECUTIVE TO CEREBRO-SPINAL MENINGITIS.

This is represented by 4 per cent. of all cases of so-called nervous deafness. When this deafness persists after the early days of convalescence the prognosis is unfavorable. There is a form which disappears spontaneously as soon as convalescence sets in. These spontaneous cures may be due to the treatment, viz.: to the action of pilocarpin.—*Annales des Maladies de l'Oreille*, Tome xx.

KINDERGARTENS FOR DEAF-MUTES.

FLATAN (Berlin) has founded a kindergarten with the view of developing physically deaf-mutes under the age of eight years. No instruction is given in speech. Search might be made among the pupils for those still retaining some hearing, and, if such is found, hearing could be cultivated by proper exercises. Flatan thinks that such schools, supervised by a physician at once a hygienist and aurist, could in the future furnish valuable material for the scientific study of deaf-dumbness.

Politzer, in the discussion, stated that sometimes the improvement in